

UNITED STATES DISTRICT COURT  
for the  
District of New Mexico

**SUMMONS IN A CIVIL ACTION  
ON AMENDED COMPLAINT**

To: *(Defendant's name and address)* VITAL CORE HEALTH STRATEGIES, LLC.  
Registered Agent: Corporation Service Company  
110 E. Broadway St.  
Hobbs, NM 88240

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached amended complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mallory Gagan  
New Mexico Priso & Jail Project  
3800 Osuna Road NE, Suite 2  
Albuquerque, NM 87109

If you fail to respond, judgment by default will be entered against you for the relief demanded in the amended complaint. You also must file your answer or motion with the court.

Date: Thursday, June 13, 2024

Civil Action No. 2:24-CV-00555-GJF-KRS

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Vital Core Health Strategies, LLC  
 was received by me on *(date)* 6/13/24 .

I personally served the summons on the individual at *(place)* \_\_\_\_\_

on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_

, a person of suitable age and discretion who resides there,

on *(date)* \_\_\_\_\_ , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Corporation Service Company \_\_\_\_\_ , who is  
 designated by law to accept service of process on behalf of *(name of organization)* Vital Core Health  
Strategies, LLC. \_\_\_\_\_ on *(date)* 6/18/24 ; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: The summons for Defendant Vital Core Health Strategies, LLC's Registered Agent:  
 Corporation Service Company was served on June 18, 2024 via certified mail  
 as provided by Rule 1-004 NMRA.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 06/27/24

*Rachel Nuances*

*Server's signature*

Rachel Nuances, Paralegal

*Printed name and title*

New Mexico Prison & Jail Project  
3800 Osuna Rd NE Ste #2,  
Albuquerque, NM 87109

*Server's address*

Additional information regarding attempted service, etc:

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Vital core Health Strat.UC  
 Registered agent.  
 Corp. Service Company  
 110 Broadway St.  
 Hobbs, NM 88240



9590 9402 8688 3310 0317 77

## 2. Article Number (Transfer from service label)

1589 0710 5270 0749 3946 58

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Agent  
 Addressee

## B. Received by (Printed Name)

Ross Bell.

C. Date of Delivery  
6/18/24

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

## 3. Service Type

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery  
 over \$500

Mail Restricted Delivery  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

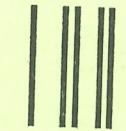
Domestic Return P

PS Form 3811, July 2020 PSN 7530-02-000-9053

USPS TRACKING #

LUBBOCK TX 794

18 JUN 2024 PM 21



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 8688 3310 0317 77

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.

NMPJ  
3800 OSUNA RD NE, STE #2  
ALBUQUERQUE, NM 87109

